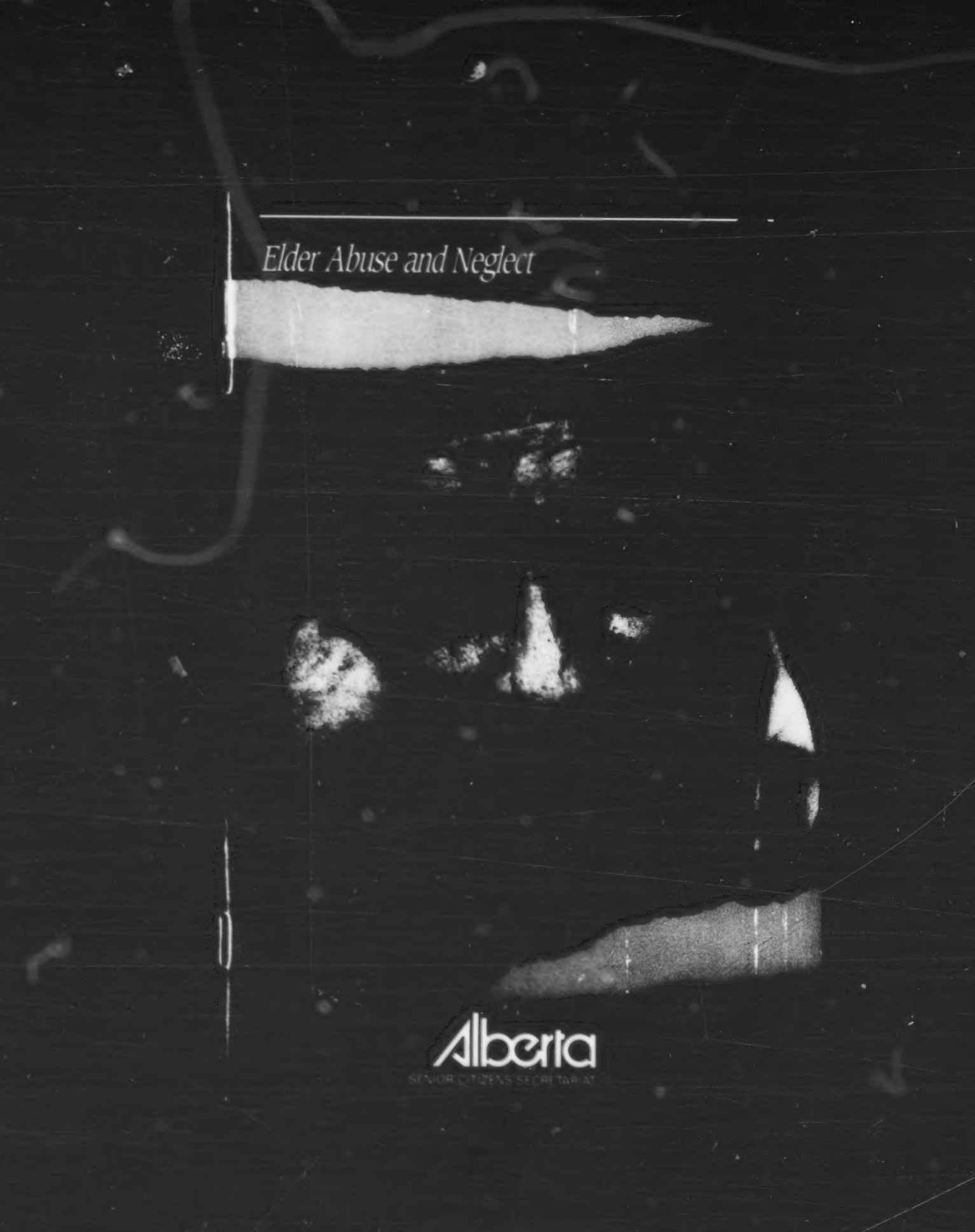
Elder Abuse and Neglect



Alberta

SENIOR CITIZENS SECRETARIAT

88-03277/

This booklet has been produced to raise public awareness of the existence of abuse and/or neglect of elderly people. It is hoped that by raising the profile of this problem, the public will have a better understanding of what constitutes abuse/neglect, will be able to recognize the problem, and will have some idea of how to intervene effectively.

This booklet includes: definitions of elder abuse and neglect, possible causes, how to identify the problem, ways to intervene, and community resources that provide help. The term "elderly person" used throughout refers to the individual being neglected or abused.

Although elder abuse is known to have existed at least from biblical times, it is only within the last decade that the issue has been recognized as a problem, and some effort made to understand and deal with it.

In 1985, a study of family abuse of the elderly was undertaken in Alberta.* The study consisted of interviews and questionnaires sent to professionals and individuals in the helping professions working with the elderly.

Five hunded cases of abuse over a five-year period were reported by agencies. While over half the agencies which responded were not aware of any elder abuse, it is clear that elder abuse and neglect does exist in the province. However, the extent of the abuse is difficult to establish. Many of the professionals did not keep records and were relying strictly on memory, and we have no idea how many abused elderly people did not come to the attention of the professionals.

Unlike the abused child who is often spotted in the school system, the elderly person is more easily isolated and hidden from public view. In addition, the abused elderly person might conceal the situation from him/herself for a variety of reasons: fear of being institutionalized; fear of retaliation by the caregiver; love for the caregiver and the desire to protect him/her from the consequences should the abuse be revealed; or the victim might feel the abuse is deserved. Shame, too, is another possible factor which might keep the maltreated person in the situation – s/he and other family mem-

*Carol Stevenson, *Senior Citizens Bureau, Family Abuse of the Edlerly in Alberta*, October 1985.

bers may not want other people to know about family flaws.

Elder Abuse/Neglect: What is it?

In general terms, elder abuse/neglect is any action or inaction which results in the physical, mental, or emotional harm of an elderly person. The following categorizes the various types of abuse and neglect:

1. **Financial Abuse**
   The withholding of finances through trickery or theft, the misappropriation or misuse of funds or property, forced sale of home or possessions, or forced change of a will.
2. **Neglect**
   Active neglect is intentional. It might involve withholding clothing, food, medication, personal or health care; leaving the elderly person in an unsafe place, in isolation, or tied to a chair or bed.
   Passive neglect occurs when the caregiver does not provide necessities due to lack of information, skill, or interest.
3. **Psychological or Emotional Abuse**
   The use of threats, humiliation, forced social isolation, or intimidation; treating the elderly person like a child; or removing decision-making power.
4. **Physical Abuse**
   Bodily harm or pain caused by hitting, slapping, scratching, cutting, burning, sexually molesting, rough handling, or inappropriate physical restraints. It could also involve over medication (for example, in order to keep the person sedated and under control).

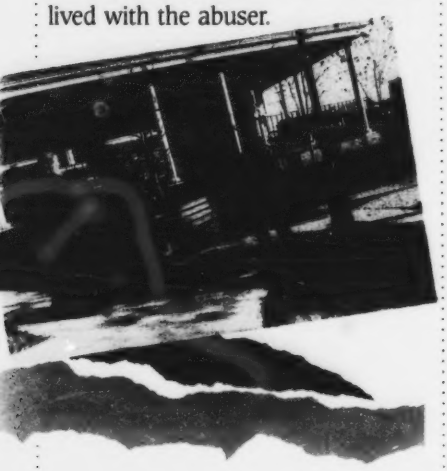
Usually, the categories of abuse and neglect overlap. For example, a person who is financially or physically abused is probably also psychologically and emotionally abused.

Who are the Abusers?

According to the 1985 Alberta study, in which 364 of the 500 reported situations were described, the largest categories of abusers were sons (87) and husbands (65). Also among the abusers were: siblings, children, grandchildren, step-children, great-

grandchildren, hired homemakers, in-laws, other relatives, landlords, and, in one case, it was a tenant.

Fifty-five percent of the abused lived with the abuser.



Causes of Elder Abuse and Neglect

There are a number of possible contributing factors which could lead to abuse or inadequate care of elderly people. In any situation there may be several causal factors, and more than one kind of abuse or neglect. Understanding the possible contributing factors is helpful in deciding how to intervene sensitively and effectively. It is important to realize that the people involved may not always recognize the source of their difficulties, or may not consider the situation a problem. Cultural differences, differences in expectations, and mental illness are factors which influence the way people view acceptability of a situation.

The following are theories about contributing factors:

Learned Family Response – A history of family violence increases the possibility of elder abuse. Some studies indicate that a large number of abusers witnessed violence in their families of origin and/or were abused themselves as children. Abuse for these people becomes one of the responses to stress. This, of course, does not necessarily mean that if a person was abused as a child or grew up in a violent family situation, that s/he will inevitably become abusive to a parent.

Unresolved Family Conflict – Unresolved family conflicts can continue to influence family relationships in negative ways, particularly when one of the members is suddenly faced with the unwanted responsibility of helping an elderly person.

Personality Disorders – Some caregivers may have a history of personality problems. The caregiver with a personality problem, when faced with the added responsibility of helping an elderly person, could behave in an unreasonable and destructive manner.

On the other hand, as people age and experience more stress, the difficult personality often becomes more obvious. The elderly person is not easy to accommodate when s/he is unlikeable, paranoid, manipulative, demanding or unappreciative.

Drug or alcohol addiction on the part of the abuser or the abused can also be factors contributing to abuse. Some abusers use their excessive consumption of alcohol as an excuse or rationale for being abusive.

Spousal Abuse – Since most elderly people who live in a family arrangement are in fact living with a spouse, elder abuse is frequently a case of abuse by a husband or wife. The abusive behaviour could be a continuation of the way the couple interacted in the earlier years of the marriage. Abuse which begins in older years could be prompted by changes such as retirement, financial worries, and children leaving the home; by sexual impotence or the fear of impotence; or by damage to an individual's self-esteem in other ways.

In instances where an abusive spouse becomes disabled, the previously abused spouse might retaliate against the disabled one. When one spouse becomes mentally impaired (e.g. from Alzheimer's disease), the caregiver might not understand the

manifestations of the condition; this could lead to an abusive situation or to neglect.

Physical Illness – When the elly person or caregiver develops an illness, additional strain is put on the relationship. Strain may be the result of not understanding the condition, not knowing how to deal with the situation, or the emotional complications associated with the illness.

Caregiving Role Model – Many families in our society have grown up without grandparents. This is a result of people emigrating to Canada, leaving their parents and extended families behind. In addition, many lost parents in the two world wars, and to disease and hardship related to less advanced medication and technology.

A family which has not seen parents involved in caring for an elderly person may have had no role model in this kind of caring process; there could be a lack of skill, knowledge and experience. Taking on such a responsibility may not be considered necessary or obligatory. On the other hand, some adult children may be confused as to the caregiving or helping role; they may believe they have to make **all** decisions with regard to their parents.

Elderly parents who were never responsible for helping their own parents may have an idealized view of what this responsibility entails; they may make excessive, unrealistic demands upon their caregiving children.

Changing Roles in Society – ditionally, women have been the caregivers in the family. However, the numbers of single mothers and women working outside the home have increased dramatically. But the expectations for women in the caregiving role have not changed significantly. Thus, women must frequently add to their many household and career responsibilities the duty of caring for elderly relatives. Daughters and daughters-in-law usually take the main responsibility

for helping elderly people; trying to perform the many tasks competently can be stressful and frustrating, and could take its toll on the strength and endurance of the caregiver.

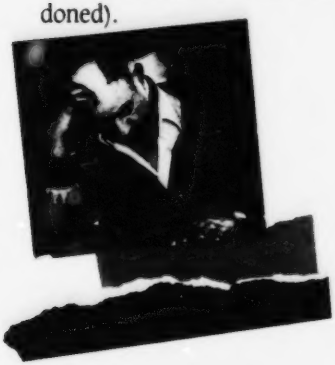
Men who accept or find themselves caught in the caregiving role are usually less familiar with the requirements than women. Husbands often retire earlier than their working wives and could be responsible for helping their elderly parents. Being less prepared for the role of caregiver or feeling that this is a "woman's job" could add to the resentment and frustration.

The Stressed Caregiver – The above causal factors all have elements of stress, but there are many other factors that may contribute to stress on the caregiver. These include:

1. Ignorance about the aging process and what to expect;
2. Fear about one's own aging and the inability to accept signs of aging in the parent;
3. Conflicting responsibilities;
4. Financial hardship; caring for an elderly person may mean less resources for the whole family. (It can, on the other hand, be financially helpful for a struggling family to have the pensioner share some of the expenses);
5. Overcrowded living conditions and lack of privacy (as, for example, when a grandparent has to move in with a family);
6. Lack of respite care so that the caregiver can have time for him/herself – time to vacation or have a change of pace;
7. Poor health and diminishing energy on the part of the caregiver;
8. Lack of knowledge about available community resources which could ease a difficult situation;
9. Lack of awareness on the part of the caregiver and/or the abused/neglected person about the possibility of acceptable alternatives to the situation;

10. Need for a prolonged period of care (where a caregiver might manage the responsiblity over a short period of time, the prolonged effort might be too much);

11. Unwelcome change in the caregiver's plans (often, the need to help an aging parent coincides with the adult child's retirement stage of life and plans might have to be altered, postponed or abandoned).



Concluding Remarks about Causal Factors

Whenever there is a relationship where one person is vulnerable and dependent and another person has the helping or caregiving role, there is the potential for misuse of power by the latter. It should be emphasized, however, that any or all of the above conditions could exist in a situation with no neglect or abuse occurring. Helping a person continue living in the community is a worthwhile and important endeavour. However, people must be sure they are not exerting power and control over the older individual, rather than helping him/her maintain control over his/her own life.

How to Identify Elder Abuse/Neglect

One of the difficulties in identifying cases of elder abuse/neglect is in making the connection between impairment of the physical and mental condition of an elderly person and the possibility of maltreatment.

Professionals and the general community may not recognize cases of abuse/neglect, making the assumption that the elderly person's behaviour or physical state is a result of old age and frailty brought on by chronic health problems. Bruised or broken limbs may sometimes be attributed to poor balance or brittle bones. Signs of malnourishment and immobility could be assumed to be due to frailty associated with old age. Complaints may be attributed to confusion or senility.

Studies have shown that when people have some understanding of the subject, they are more likely to identify abuse/neglect. Awareness of the indicators of financial abuse/neglect, of psychological or emotional abuse, and of physical abuse will help to alert the public to the possibility of mistreatment.

Some of the indicators of the various categories of abuse and neglect are described below; often there is a combination of several types. **The presence of any one of these indicators does not necessarily imply that abuse is taking place; it simply means that further investigation may be warranted.**

Indicators of Financial Abuse

Financial abuse is often difficult to identify as many elderly persons **do** give money to their children readily or offer assistance when their children are experiencing financial problems. Also, many elderly people make informal arrangements allowing their caregivers to handle the banking and other financial matters.

In the survey on elder abuse/neglect in Alberta, financial abuse was reported most frequently (in 40 percent of the cases). Indicators of financial abuse may include the following:

1. Depletion of an elderly person's retirement savings with evidence that the person did not know about the debits;
2. Sale of property by the elderly person who seems confused as to the reason for the sale, or without any previous planning in relation to the sale;
3. Cashing of pension cheques without prior authorization by the elderly person;
4. An overdrawn account which the elderly person does not expect.

Both the elderly person's physical condition and the condition of the surroundings could provide clues to the financial situation. More specifically, a discrepancy between the person's standard of living and financial assets could indicate financial abuse.

Indicators of Neglect

Signs of neglect could indicate self-neglect. As mentioned earlier, neglect could be purposeful, or a matter of ignorance or indifference. It should also be noted that standards of grooming and housekeeping are arbitrary – what might be acceptable to a family might not be acceptable to an observer. One measure of whether a situation should be considered a case of neglect would be to determine its physical and emotional cost to the elderly person.

Possible signs of neglect:

1. Pallor, dry lips, excessive weight loss are possible signs of malnourishment;
2. Dirty clothes or clothing that is inappropriate to the weather; shivering, a blue tinge to the skin and lowered body temperature are indications of hypothermia and may indicate that the person has been dressed in inappropriate clothing

or has been living in an inadequately heated home;

3. No dentures, hearing aid or eyeglasses when these might be needed;
4. Signs of infrequent bathing;
5. Signs of incontinence such as soiled linens or urine burns;
6. Skin or mouth sores;
7. Physical or mental deterioration without medical advice or supervision;
8. Confinement (the person is rarely seen outside the place of residence);
9. The person seen wandering dangerously;
10. An apparent lack of groceries or nutritious food supplies;
11. Pills scattered about or some evidence of inadequate or overmedication;
12. Cooking and housekeeping standards which could cause illness or contribute to falls.

Indicators of Emotional/ Psychological Abuse/Neglect

Psychological or emotional abuse/neglect is more difficult to identify than the other categories. It may involve isolation, intimidation, and/or verbal threats. In cases of psychological abuse, the concerned individual should look for behavioral indicators from the older person and from the caregiver, as well as the interaction between them.

Indicators might include the following:

1. The elderly person seems frightened and the eyes dart about;
2. The elderly person sits far away and avoids the caregiver;
3. The elderly person backs off, dodges, or appears nervous in the caregiver's presence;
4. The elderly person appears unsure or helpless (a possible indicator that s/he no longer has an opportunity to make decisions on matters of personal concern);
5. The elderly person seems withdrawn, apathetic, depressed or unresponsive (might indicate that s/he

has been subject to taunting, insults, intimidation or humiliation);
6. The caregiver appears notably passive, withdrawn, uninterested in an interview about the elderly person;
7. There are physical indicators of imposed isolation (locks on doors; no phones, radio, or T.V.);
8. The caregiver treats the elderly person like a child.

Examples of responses by the caregiver which indicate psychologic abuse are:

Threat:
If you don't obey me, I'll lock you up in your room or tie you to a chair.
If you don't behave, I'll put you in a nursing home.

Infantalization:
Now be a good boy and eat all of your dinner.

Humiliation:
You've wet your bed again! Taking care of you is like caring for a baby.

Indicators of Physical Abuse/Neglect

This is the most visible form of elder abuse and the health care professional is the most likely to detect it. As mentioned earlier, indicators of physical abuse or active or passive neglect could include any of the same indications listed under emotional/psychological abuse. The following are indicators of physical abuse, but some could also be indicators of undiagnosed physical illness.

1. Unusual patterns of bruises, grip marks or welts on the chest, shoulders, backs, arms or legs or evidence of swelling and tenderness;
2. Burns from cigarettes, ropes, chains, chemicals or brushes;
3. Unexplained cuts or scrapes;
4. Head injuries (e.g. absence of hair, bleeding beneath the scalp, or other evidence of hair pulling);
5. Shuffling, loss of mobility accompanied by weakness might indicate the use of restraints;
6. Over-sedation to reduce the physical and mental activity of an elderly person; a groggy or confused elderly person might be an indication that the person has been over-

medicated to make him/her more "cooperative";

7. Failure of a treatable medical problem to improve or the continued presence of pain could indicate that the elderly person is under-medicated;
8. Pain, bruising or bleeding in the genital area may indicate sexual abuse.

Anyone who has access to the living quarters of the elderly person should also be aware of the following indicators:

1. Unusual markings on the bed or other household furniture, which may indicate that the person has been physically confined to a chair or bed;
2. Padlocks on doors, particularly the person's bedroom, may indicate restriction of the person's movement;
3. Padlocks on areas where food is stored may indicate that the person's access to food is restricted.

Intervention and Community Resources

Every situation is different and requires an individual approach. Once elder abuse or neglect is suspected or identified, some basic principles must be considered before intervention can take place:

1. There must be respect for the abused/neglected elderly person's right to accept or reject help. Elder abuse/neglect violates the rights and well-being of people. It is also a violation of the elderly person's rights to insist on some form of intervention without that person's agreement when the person is capable of understanding. Care must be taken to ensure that intervention does not deny the rights of the elderly person to self-determination.

The legal rights of the elderly are no different from those of any other competent adult. Elderly people must not be labelled incompetent simply because they decide, of their own free will, to remain in a situation. Consent for intervention should be a priority except where short-term services are required to prevent the elderly person from suffering immediate or irreparable physical injury or death.

2. Intervention must be appropriate and as intense as the situation demands. Inadequate or inappropriate

intervention in some cases could be worse than none at all; a plan for intervention should include consideration of how change will affect each of the persons involved.

3. Realistic assessment must be made as to whether the elderly person will benefit most by leaving or staying in the situation. The wishes of the elderly person are of primary importance in making a recommendation.

4. A positive model of caregiving can be demonstrated and learned by family members. People of all ages have the potential to learn and to change. An adult child can be helped to sort out feelings about unresolved conflicts. The elderly person can be helped to find out about resources, think about alternative living arrangements, and make decisions about arrangements for care.
5. Development and use of community-based services can be important resources for the individual and the family. In some instances, the resources might enable the elderly person to manage on his or her own.

   Respite care could relieve some of the stress on the caregiver as well as provide a needed change for the elderly person.
6. There is nothing to be gained from accusing the abuser or the abused. The purpose of intervention is to try to bring about change in a harmful situation.

   In cases where there has been sexual assault or physical violence, the victim has the prerogative to lay charges and the police may lay charges as well. Fraud or misappropriation of funds are crimes and can be reported to the police.
7. Unless there is immediate danger of physical harm, intervention should be undertaken with great care as the abuser could possibly retaliate against the elderly person.

How to Help the Abused Person

Given the types of elder abuse/neglect and the possible causes or factors, a multi-disciplinary approach to intervention is considered the best way to deal with such problems. Professionals who might be consulted are: doctors, social workers, community health nurses, the police, psychologists, lawyers.

How to Help the Victim Help Him/Herself

1. By encouraging contact with a doctor, lawyer, home care person, social worker or public health worker;
2. By helping the person understand that protecting the abuser's "reputation" does not do anything to help the abuser to change and grow;
3. By informing the person about benefits for which s/he might be eligible – benefits which will help the person to be more independent;
4. By helping the person to understand that nobody deserves to be abused, and that there is probably a solution to a problem which seems unsolvable;
5. By helping the person to understand that abuse occurs among rich and poor, the better educated and the less educated, and that the **perfect family** is a myth.

In many instances, offering relief to the stressed caregiver could alleviate the situation. Timely and helpful intervention strategies might include use of existing community services, such as:

- arranging for **home help** to assist with home maintenance and transportation where available;
- contacting the **Coordinated Home Care Program** of the local health unit to assist with chores, light housekeeping, rehabilitation, personal care and nursing services if needed;

- arranging for a **friendly visitor** to spend time with the elderly person occasionally in order to give the caregiver some respite and to provide outside contacts for the elderly person. A friendly visitor can also monitor the abusive situation;

- arranging for the elderly person to attend an **Adult Day Service** (where one exists) to give him/her an opportunity to socialize and to give the caregiver some time off from caregiving;
- arranging for **counselling** for the abused and/or abuser (contact the local Family and Community Support Services office for information – see Appendix II);
- utilizing any services provided through the local senior centre such as a friendly visitor, group meals, telephone-buddy calls, health counselling, information services and a volunteer opportunity program;
- encouraging the caregiver to join or form a support group for adult children of elderly parents;

- arranging for a thorough health assessment; a visit to the family doctor or an assessment by someone from the local health unit could be useful. (see Appendix I for list of health units)

The financial situation of the elderly person should be assessed to be sure that s/he is receiving all of the available benefits. Sometimes a pensioner remains in an abusive situation because of the belief that there are not enough finances to make a change. Senior citizens with low incomes may not be aware of the federal and provincial supplements, the renters grant, subsidized apartments and lodges in the province.

Information about community resources may be available from your local:

- senior centre
- information service
- Family and Community Support Services program
- Health Unit

or from the following provincial government offices:

The Senior Citizens Secretariat
10030 - 107 Street
Edmonton, T5J 3E4 (427-7876)

(for information on the subject and information about community resources)

The Office of Family Violence
10030 - 107 Street
Edmonton, T5J 3E4 (427-7599)

(for information about the subject)

The Women's Secretariat
8th Floor, Kensington Place
10011 - 109 Street
Edmonton, T5J 3S8 (422-4927)

(for information about wife abuse)

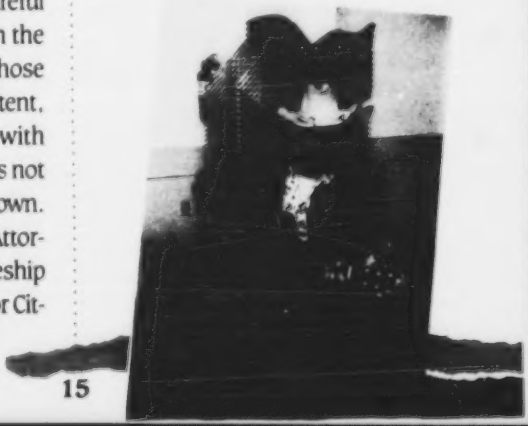
Legal Alternatives

- The person who seeks to intervene in an abusive situation through an application for guardianship/trusteeship, because the older person is cognitively impaired, should be careful to leave the elderly person with the right to make decisions in those areas where the latter is competent, while providing assistance with those duties which the person is not competent to handle on his/her own.
- A paper describing Power of Attorney, Guardianship, and Trusteeship may be obtained from the Senior Citizens Secretariat.
- For people with low incomes, Legal Aid is available in many areas of the province and can provide legal assistance.
- The local police can lay charges when there is evidence of assault.

Conclusion

In cases where contact is made with an abused or neglected elderly person, care must be taken to approach the person in a friendly and helpful manner, rather than trying to force the person to accept help. The person who is concerned must be able to accept the elderly person's choice to refuse help after the latter has been alerted to a range of available choices. Providing support which is acceptable is the objective.

If intervention is refused, arrangements can be made for continued monitoring of the person through the local health unit, or perhaps through an outreach worker in a local Family and Community Support Services office.



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Appendix I – Health Units And Sub-Offices

Airdrie Sub-office
See Mount View Health Unit

Alberta East Central Health Unit
742-3326
5402 - 50 Avenue (Box 550)
Stettler, T0C 2L0
Sub-offices: Bashaw, Camrose, Castor, Coronation, Dayland, Galahad, Hardisty, Hughenden, Provost, Sedgewick

Alberta West Central Health Unit
723-4421
5003 - 3 Avenue (Box 1718)
Edson, T0E 0P0
District offices: Drayton Valley, Evansburg, Grande Cache, Hinton

Athabasca Health Unit
675-2231
3401 - 48 Avenue (Box 1140)
Athabasca, T0G 0B0
Sub-offices: Calling Lake, Kinuso, Lac La Biche, Slave Lake, Smith, Desmarais
Clinics: Peerless Lake, Trout Lake, Chip Lake

Banff National Park Health Unit
762-2990
Box 1266
Banff, T0L 0C0

Barons-Eureka-Warner Health Unit
345-4451
Box 1000
Coaldale, T0K 0L0
Sub-offices: Picture Butte, Raymond, Taber, Vauxhall, Warner

Barrhead District Office
See Sturgeon Health Unit

Bashaw Sub-office
See Alberta East Central Health Unit

Beaumont Sub-office
See Leduc-Strathcona Health Unit

Beaverlodge District Office
See South Peace Health Unit

Big Country Health Unit
854-3325
401, 3 Avenue and Centre Street
(Box 279) Hanna, T0J 1P0
Sub-offices: Consort, Empress, Oyen

Black Diamond Sub-office
See Foothills Health Unit

Blairmore Sub-office
See Chinook Health Unit

Bonnyville Sub-office
See Northeastern Alberta Health Unit

Bow Island Sub-office
See Southeastern Alberta Health Unit

Brooks Sub-office
See Southeastern Alberta Health Unit

Calgary Health Services
228-7400
320 - 17 Avenue S.W.
(Box 4016, Station "C")
Calgary, T2T 5T1

Calling Lake Sub-office
See Athabasca Health Unit

Camrose Sub-office
See Alberta East Central Health Unit

Canmore Sub-office
See Mount View Health Unit

Cardston Sub-office
See Chinook Health Unit

Carstairs Sub-office
See Mount View Health Unit

Castor Sub-office
See Alberta East Central Health Unit

Chinook Health Unit
553-4451
521 - 26 Street (Box 727)
Fort Macleod, T0L 0Z0
Sub-offices: Blairmore, Cardston, Claresholm, Magrath, Pincher Creek

Chip Lake Clinic
See Athabasca Health Unit

Claresholm Sub-office
See Chinook Health Unit

Coaldale
See Barons-Eureka-Warner Health Unit

Cochrane Sub-office
See Mount View Health Unit

Consort Sub-office
See Big Country Health Unit

Coronation Sub-office
See Alberta East Central Health Unit

Daysland Sub-office
See Alberta East Central Health Unit

Delburne Sub-office
See Red Deer Health Unit

Desmarais Sub-office
See Athabasca Health Unit

Devon Sub-office
See Leduc-Strathcona Health Unit

Didsbury Sub-office
See Mount View Health Unit

Drayton Valley District Office
See Alberta West Central Health Unit

Drumheller Health Unit
823-3341
647 - 7 Avenue E. (Box 1780)
Drumheller, T0J 0Y0
Sub-offices: Strathmore, Three Hills

Edmonton Board of Health
482-1965
Suite 500, 10216 - 124 Street
Edmonton, T5N 4A3

Edson
See Alberta West Central Health Unit

Elk Point Sub-office
See Northeastern Alberta Health Unit

Empress Sub-office
See Big Country Health Unit

Evansburg District Office
See Alberta West Central Health Unit

Falher Sub-office
See Peace River Health Unit

Fairview Sub-office
See Peace River Health Unit

Foothills Health Unit
652-3297
Box 638
High River, T0L 1B0
Sub-offices: Black Diamond, Nanton, Okotoks, Vulcan

Fort Macleod
See Chinook Health Unit

Fort McMurray and District Health Unit
743-3232
9921 Main Street
Fort McMurray, T9H 4B4

Fort Saskatchean Sub-office
See Leduc-Strathcona Health Unit

Fort Vermilion
See High Level-Fort Vermilion Health Unit

Fox Creek Sub-office
See Stony Plain-Lac Ste. Anne Health Unit

Galahad Sub-office
See Alberta East Central Health Unit

Grand Centre
See Northeastern Alberta Health Unit

Grande Cache District Office
See Alberta West Central Health Unit

Grande Prairie
See South Peace Health Unit

Hanna
See Big Country Health Unit

Hardisty Sub-office
See Alberta East Central Health Unit

High Level-Fort Vermilion Health Unit
926-3791
105 Avenue and 103 Street (Bag 400)
High Level, T0H 1Z0

High Prairie Sub-office
See Peace River Health Unit

High River
See Foothills Health Unit

Hinton District Office
See Alberta West Central Health Unit

Holden Sub-office
See Vegreville Health Unit

Hughenden Sub-office
See Alberta East Central Health Unit

Innisfail Sub-office
See Red Deer Health Unit

Irricana Sub-office
See Mount View Health Unit

Jasper National Park Health Unit
852-4759
508 Robson Street (Box 925)
Jasper, T0E 1E0

Kitscoty Sub-office
See Minburn-Vermilion Health Unit

Kinuso Sub-office
See Athabasca Health Unit

Lac La Biche Sub-office
See Athabasca Health Unit

Lacombe Sub-office
See Red Deer Health Unit

Lamont Sub-office
See Vegreville Health Unit

Leduc-Strathcona Health Unit
467-5571
2011 Brentwood Boulevard
Sherwood Park, T8A 0X2
Home Care Office: 467-5549
340 Sioux Road, T8A 3X7
Sub-offices: Fort Saskatchewan, Leduc, Devon, Thorsby, Beaumont

Lethbridge Health Unit
327-2166
801 - 1 Avenue South
Lethbridge, T1J 4L5

Magrath Sub-office
See Chinook Health Unit

Manning Sub-office
See Peace River Health Unit

Medicine Hat
See Southeastern Alberta Health Unit

Medley Sub-office
See Northeastern Alberta Health Unit

Minburn-Vermilion Health Unit
853-5270
Box 720
Vermilion, T0B 4M0
Sub-offices: Kitscoty, Wainwright

Morinville District Office
See Sturgeon Health Unit

Mount View Health Unit
275-2286
Suite 200, Carma Building
6715 - 8 Street N.E.
Calgary, T2E 7H7
Sub-offices: Airdrie, Canmore, Carstairs, Cochrane, Didsbury, Irricana, Olds, Sundre

Nanton Sub-office
See Foothills Health Unit

Northeastern Alberta Health Unit
645-3396
Box 1468
St. Paul, T0A 3A0
Sub-offices: Bonnyville, Elk Point, Grand Centre, Smoky Lake, Medley

Olds Sub-office
See Mount View Health Unit

Okotoks Sub-office
See Foothills Health Unit

Oyen Sub-office
See Big Country Health Unit

Peace River Health Unit
624-3611
10015 - 98 Street (Box 69)
Peace River, T0H 2X0
Sub-offices: Fairview, Falher, High Prairie, Manning, Worsley

Peerless Lake Clinic
See Athabasca Health Unit

Picture Butte Sub-office
See Barons-Eureka-Warner Health Unit

Pincher Creek Sub-office
See Chinook Health Unit

Ponoka Sub-office
See Wetoka Health Unit

Provost Sub-office
See Alberta East Central Health Unit

Raymond Sub-office
See Barons-Eureka-Warner Health Unit

Red Deer Health Unit
346-7741
4920 - 51 Street
Red Deer, T4N 6K8
Sub-offices: Delburne, Innisfail, Lacombe, Rocky Mountain House, Sylvan Lake

Redwater District Office
See Sturgeon Health Unit

Rimbey Sub-office
See Wetoka Health Unit

Rocky Mountain House
See Red Deer Health Unit

St. Albert
See Sturgeon Health Unit

St. Paul
See Northeastern Alberta Health Unit

Sedgewick Sub-office
See Alberta East Central Health Unit

Sherwood Park
See Leduc-Strathcona Health Unit

Slave Lake Sub-office
Se Athabasca Health Unit

Smith Sub-office
See Athabasca Health Unit

Smoky Lake Sub-office
See Northeastern Alberta Health Unit

South Peace Health Unit
532-4441
10320 - 99 Street
Grande Prairie, T8V 6J4
District Offices: Spirit River, Beaverlodge, Valleyview

Southeastern Alberta Health Unit
526-7950
2948 Dunmore Road S.E.
Medicine Hat, T1A 8E3
Sub-office: (for home care, dental, speech, environmental)
527-1136
770 - 1 Street S.E.
Medicine Hat (also for Bow Island and Brooks)

Spirit River District Office
See South Peace Health Unit

Spruce Grove Sub-office
See Stony Plain-Lac Ste. Anne Health Unit

Stettler
See Alberta East Central Health Unit

Stony Plain-Lac Ste. Anne Health Unit
963-2206
4905 - 47 Avenue (Box 210)
Stony Plain, T0E 2G0
Sub-offices: Whitecourt, Spruce Grove, Fox Creek

Strathmore Sub-office
See Drumheller Health Unit

Sturgeon Health Unit
459-6671
23 Sir Winston Churchill Avenue
(Box 174)
St. Albert, T8N 1N3
District Offices: Barrhead, Morinville, Redwater, Swan Hills, Westlock, Thorhild

Sundre Sub-office
See Mount View Health Unit

Swan Hills District Office
See Sturgeon Health Unit

Sylvan Lake Sub-office
See Red Deer Health Unit

Taber Sub-office
See Barons-Eureka-Warner Health Unit

Thorhild District Office
See Sturgeon Health Unit

Thorsby Sub-office
See Leduc-Strathcona Health Unit

Three Hills Sub-office
See Drumheller Health Unit

Trout Lake Clinic
See Athabasca Health Unit

Two Hills Sub-office
See Vegreville Health Unit

Valleyview District Office
See South Peace Health Unit

Vauxhall Sub-office
See Barons-Eureka-Warner Health Unit

Vegreville Health Unit
632-3331
Box 99
Vegreville, T0B 4L0
Sub-offices: Holden, Lamont, Two Hills

Vermilion
See Minburn-Vermilion Health Unit

Vulcan Sub-office
See Foothills Health Unit

Wainwright Sub-office
See Minburn-Vermilion Health Unit

Warner Sub-office
See Barons-Eureka-Warner Health Unit

Westlock District Office
See Sturgeon Health Unit

Wetoka Health Unit
352-3337
5610 - 40 Avenue
Wetaskiwin, T9A 3E4
Sub-offices: Ponoka, Rimbey, Winfield

Whitecourt Sub-office
See Stony Plain-Lac Ste. Anne Health Unit

Winfield Sub-office
See Wetoka Health Unit

Worsley Sub-office
See Peace River Health Unit

Appendix II – Family and Community Support Services Offices

Social Planning Unit Box 3400 **Airdrie T4B 2B6**	**948-5907 (local 250)**
Alexander Indian Band Box 510 **Morinville T0G 1P0**	**939-5887**
Alexis Band Box 7 **Glenevis T0E 0X0**	**967-2225**
Box 306 **Alix T0C 0B0**	**747-2030**
Box 90 **Athabasca T0G 0B0**	**675-2623**
Box 1835 **Banff T0L 0C0**	**762-4426**
Box 488 **Barrhead T0G 0E0**	**674-3341**
Box 120 **Bassano T0J 0B0**	**641-3520**
Box 326 **Blairmore T0K 0E0**	**562-8861**
Box 100 **Bon Accord T0A 0K0**	**921-3550**
Box 1665 (5000B - 49 Avenue) **Bonnyville T0A 0L0**	**826-2120**
Bag 8 **Brooks T0J 0J0**	**362-3333**
Social Services Dept. (8116) City of Calgary Box 2100, Station "M" **Calgary T2P 2M5**	**268-5111**
4703 - 53 Street **Camrose T4V 1Y8**	**672-0141**
Box 460 **Canmore T0L 0M0**	**678-5597 (or 9)**
Box 370 **Carstairs T0M 0N0**	**337-3341**
Box 1297 **Claresholm T0L 0T0**	**625-4417**
Barons-Eureka-Warner Box 328 **Coaldale T0K 0L0**	**345-4451**
Box 87 (1020 - 89 Avenue) **Cold Lake T0A 0V0**	**639-3626**
Diamond Valley Box 963 **Turner Valley T0L 2A0**	**933-7485**
Box 2549 **Drumheller T0J 0Y0**	**823-6300**
Box 578 **Eckville T0M 0X0**	**746-3171**
Edmonton Social Services 5th Floor, Centennial Library 7 Sir Winston Churchill Square **Edmonton T5J 2V4**	**428-5917**
Box 1388 **Edson T0E 0P0**	**723-4401**
Box 340 **Elk Point T0A 1A0**	**724-3800**
Box 487 **Falher T0H 1M0**	**837-8311**
Village of Foremost Box 159 **Foremost T0K 0X0**	**867-3733**

Box 150
Fort Assiniboine T0G 1A0 **584-3922**

Box 120
Fort Chipewyan T0P 1B0 **697-3674 or 3627**

Box 232
Fort Macleod T0L 0Z0 **553-4491**

9909 Franklin Avenue
Fort McMurray T9H 2J3 **743-7910**

10005 - 102 Street
Fort Saskatchewan T8L 2C5 **998-5151**

Frog Lake Band
Frog Lake T0A 1M0 **943-2211**

Town of Gibbons
Box 68
Gibbons T0A 1N0 **923-3331**

Village of Glendon
Box 177
Glendon T0A 1P0 **635-3807**

Cold Lake First Nations
Box 1769
Grand Centre T0A 1T0 **594-7183**

Box 300
Grande Cache T0E 0Y0 **827-2296**

9902 - 101 Street
Grande Prairie T8V 2P5 **539-8080**

County of Grande Prairie #1
8611 - 108 Street
Grande Prairie T8V 4C5 **532-9722**

Community Services Department
Box 430
Hanna T0J 1P0 **854-4700**

Box 208
High Level T0H 1Z0 **926-2267**

Box 999
High Prairie T0G 1E0 **523-4441**

Mail Bag #10
High River T0L 1B0 **652-2307**

Community Services
Box 818
Hinton T0E 1B0 **865-2217, Ext. 34**

Box 219
Hythe T0H 2C0 **356-3888**

Box 220
Innisfail T0M 1A0 **227-3376**

Box 100
Irricana T0M 1B0 **935-4672**

Box 1090
Jasper T0E 1E0 **852-3381**

Kehewin Band
Box 218
Bonnyville T0A 0L0 **826-3333**

County of Flagstaff
Box 450
Killam T0B 2L0 **385-3976**

Box 756
Lac La Biche T0A 2C0 **623-4463**

Box 1179
Lacombe T0C 1S0 **782-6637**

City of Leduc
Box 187
Leduc T9E 4C4 **986-2261, Ext. 131**

County of Leduc
4301 - 50 Street
Leduc T9E 2X3 **986-2251, Ext. 259**

Lesser Slave Lake
Indian Regional Council
Box 1740
High Prairie T0G 1E0 **523-4401**

Community Services Directorate
c/o City Hall
910 - 4 Avenue South
Lethbridge T1J 0P6 **320-3020**

5116 - 50 Street
6th Floor
Lloydminster T9V 0M3 **875-9127**

Municipal Administrator
Ma-Me-O Beach T0C 1X0 **586-2251**

Mannville-Minburn-Innisfree
Box 534
Mannville T0B 2W0 **763-3005**

Social Planning Department
Community Services Division
580 - 1 Street S.E.
Medicine Hat T1A 8E6 **529-8311**

Box 270
Millet T0C 1Z0 **387-4554**

c/o Connie Brooks
Box 96
Mirror T0B 3C0 **788-2415**

Box 420
Morinville T0G 1P0 **939-4361**

Box 910
Nanton T0L 1R0 **646-2436**

O'Chiese Indian Band
Box 1570
Rocky Mountain House
T0M 1T0 **989-3943**

Box 220
(14 McRae Street) **938-4404,**
Okotoks T0L 1T0 **Ext. 15 or 16**

Box 189
Olds T0M 1P0 **556-6981**

Community Services
Box 1062
Peace River T0H 2X0 **624-1000**

Box 2841
Pincher Creek **627-2232**
T0K 1W0 **(Tues. only 10 - 2)**

Box 241
Ponoka T0C 2H0 **783-4462**

Eastpark Senior Needs
Worker Association
Box 758
Provost T0B 3S0 **753-2280**

Box 5008
Red Deer T4N 3T4 **342-8100**

Box 404
Rimbey T0C 2J0 **843-2030**

Town of Rocky Mountain House
Administrator
Box 1509
Rocky Mountain House
T0M 1T0 **845-2866**

Saddle Lake Band
Box 100
Saddle Lake T0A 3T0 **726-3829**

5 St. Anne Street
St. Albert T8N 3Z9 **459-1512**

Box 1480
St. Paul T0A 3A0 **645-5311**

Samson Band
Community Service
Box 159 **585-3793**
Hobbema T0C 1N0 **Ext. 186**

County of Strathcona
205 Athabascan Avenue
Sherwood Park T8A 4C8 **464-4044**

Lakelands
Box 858
Slave Lake T0G 2A0 **849-5325**

Social Services Unit
City of Spruce Grove
410 King Street
Spruce Grove T7X 2Z1 **962-2611**

Box 361
Standard T0J 3G0 **644-3839**

Box 2097
Stettler T0C 2L0 **742-2337**

Sunchild Indian Band
Box 747
Rocky Mountain House
T0M 1T0 **989-3740**

Box 705
Sundre T0M 1X0 **638-3220**

Box 607
Swan Hills T0G 2C0 **333-4303**

Box 70
Sylvan Lake T0M 1Z0 **887-2141**

Taber (See Coaldale)

Box 330
Turner Valley T0L 2A0 **933-7485**

Box 687
Two Hills T0B 4K0 **657-3540**

Box 809
Vegreville T0B 4L0 **632-3966**

Box 688
Viking T0B 4N0 **336-4024**

Box 360
Vulcan T0L 0S0 **485-2191**

Box 1391
Wainwright T0B 4P0 **842-2777**

Warner (See Coaldale)

Box 1266
Westlock T0G 2L0 **349-5900**

5101 - 50 Avenue
Wetaskiwin T9A 0S4 **352-6023**

Wetaskiwin County
5109 - 51 Street
Wetaskiwin T9A 2A5 **352-3321**

Wheatland (See Standard)

Box 509
Whitecourt T0E 2L0 **778-6300**

Box 300
Wildwood T0E 2M0 **325-3782**

Acknowledgements

In 1986, the Provincial Senior Citizens Advisory Council made a number of recommendations to the government of Alberta with regard to the issue of elder abuse. In response to the Council's concerns, the Senior Citizens Secretariat brought together an ad hoc committee to discuss the subject. Subsequently, the Secretariat staff felt that it would be helpful to put out an information booklet. The ad hoc committee members read the initial draft and the final copy reflects the suggestions and concerns which were raised.

The Senior Citizens Secretariat's staff would like to thank those who have given time and thought to the development of this booklet.

Committee members represented the following offices:

Edmonton Board of Health

Home Care Unit (Alberta Community and Occupational Health)

Alberta Health Facilities Review Committee

Kerby Centre (Calgary)

Provincial Senior Citizens Advisory Council

Office of the Public Guardian

Edmonton Social Services

New Horizons

Office for the Prevention of Family Violence

Women's Secretariat

Representatives from Mental Health Services (Edmonton Region), Community Health Nursing (Alberta Community and Occupational Health), and Edmonton Interagency Group on Elder Abuse also reviewed an early draft.